MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County *Vernon* Registration District No. *880* File No. *39062*

Township *Clear Creek* Primary Registration District No. *6169* Registered No. *18*

City .... (No. .... , ... St. .... Ward)

2. FULL NAME *Dock Selathiel Baker*

(a) Residence, No. .... St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U.S., if of foreign birth?   yrs.   mos.   ds.

If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	*White*	*Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 8 1859*

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, ... hrs. or .... min.
	78	*3*	*3*	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Co Mo*

FATHER
13. NAME *Jacob Baker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

MOTHER
15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT *Mrs Ed Shoemaker*
(ADDRESS) *Dedrick Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Mt Pleasant* DATE *Oct 14* 193?

19. UNDERTAKER *Ratus Funeral Home*
(ADDRESS) *El Dorado Spgs Mo*

20. FILED *Oct 12* 1937 *C H Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 11* , 19 *37*

22.   I HEREBY CERTIFY, That I attended deceased from

.... , 19 ...... , to .... , 19 ......

I last saw h........ alive on .... , 19 .... Death is said

to have occurred on the date stated above, at *6.30* am.

The principal cause of death and related causes of importance were as follows:

Nothing known.
Supposed heart
disease

No violence

Date of onset

Other contributory causes of importance:

Name of operation *Condition of body* Date of ....
What test confirmed diagnosis? .... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... , 19 ......

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? *not*

If so, specify ....

(Signed) *M E Ferry Coroner* M.D.

(Address) *Nevada Mo*